

is enclosed.

Attorney Docket No. <u>1029650-000142</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re P	Patent Application of)	MAIL STOP AF				
Satosh	ni Wada et al.	Group Art Unit: 3772				
Applica	ation No.: 10/618,964	Examiner: BRANDON LEE JACKSON				
Filing I	Date: July 15, 2003	Confirmation No.: 5917				
Title:	tle: HEMOSTATIC DEVICE)					
	AMENDMENT/REPLY TRANSMITTAL LETTER					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Sir:						
Enclos	sed is a reply for the above-identified patent a	pplication.				
\boxtimes	A Petition for Extension of Time is enclosed.					
	Terminal Disclaimer(s) and the \$\inspec\$ \$ 65 \$\inspec\$ \$ 130 fee per Disclaimer due under 37 C.F.R. \ 1.20(d) are enclosed.					
	Also enclosed is/are:					
	Small entity status is hereby claimed.					
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\sum \$\\$ 405 \sum \$\\$ 810 fee due under 37 C.F.R. § 1.17(e).					
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.					
	Applicant(s) previously submittedcontinued examination is requested.	on for which				

Applicant(s) requests suspension of action by the Office until at least

in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i)

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

, which does not exceed three months from the filing of this RCE,

(1809/2809) is also enclosed.

\boxtimes	No additional claim fee is required.					
	An additional claim fee is required, and is calculated as shown below:					
	AMENDE	ED CLAIMS	· · · · · · · · · · · · · · · · · · ·			
	Highest No.					

		AMENDE	D CLAIMS			
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	nal Fee
Total Claims	19	29	0	x \$ 50 (1202)	\$	0
Independent Claims	4	4	0	x \$ 210 (1201)		0
☐ If Amendment adds multiple dependent claims, add \$ 370 (1203)					\$	0
Total Claim Amendment Fee					\$	0
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT				\$	0	

	Charge to Deposit Account No. 02-4800 for the fee due.
	A check in the amount of is enclosed for the fee due.
	Charge to credit card for the fee due. Form PTO-2038 is attached.
\boxtimes	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

By:

BUCHANAN INGERSOLL & ROONEY PC

Date <u>June 27, 2008</u>

Matthew L. Schneider

Registration No. 32814

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

JUN 2	7 2008 THE UNITED STATES PATEN	ΤA	ND TRADEMARK OFFICE		
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Satoshi Wada et al.			Group Art Unit: 3772		
Applic	ation No.: 10/618,964)	Examiner: BRANDON LEE JACKSON		
Filing Date: July 15, 2003)	Confirmation No.: 5917		
Title:	HEMOSTATIC DEVICE)			
	AMENDMENT/REPLY TR	AN	SMITTAL LETTER		
P.O. E	nissioner for Patents Box 1450 ndria, VA 22313-1450				
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	Also enclosed is/are:				
	Small entity status is hereby claimed.				
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Bigsigm\$ \$ 405 \$\Bigsigm\$ \$ 810 fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submittedcontinued examination is requested.		on for which		
	Applicant(s) requests suspension of action which does not exceed in accordance with 37 C.F.R. § 1.103(c). is enclosed.	ed th	nree months from the filing of this RCE,		
	A Request for Entry and Consideration of (1809/2809) is also enclosed.	f Su	ubmission under 37 C.F.R. § 1.129(a)		

\boxtimes	No additional claim fee is required.					
	An additional claim fee is required, and is calculated as shown below:					
			AMENDE	D CLAIMS		
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total	Claims	19	29	0	x \$ 50 (1202)	\$
Independent Claims		4	4	0	x \$ 210 (1201)	
☐ If <i>A</i>	Amendment adds m	ultiple depe	endent claims, ad	d \$ 370 (120	03)	\$
Total	Claim Amendmen	t Fee				\$
☐ Sn	nall Entity Status cla	aimed - sub	tract 50% of Tota	I Claim Ame	ndment Fee	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due.					
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			Respectfully	y submitted	l,	
			Buchanan I	NGERSOLL	& ROONEY PC	

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Date June 27, 2008